

Immunize Utah

Volume 2, Issue 1

Utah Department of Health Immunization Program

Winter 2002

Expanded Vaccine Coverage

By Jan Kilpack, RN, BSN **Utah VFC Program Coordinator Utah Immunization Program**

ne of the main focuses of the Utah Vaccines for Children (VFC) Program is to keep patients in their medical home for comprehensive care. Additionally, VFC is continually working to provide better vaccine coverage to more children, while at the same time maintaining a program that is easy for our providers to use. In order to better meet the needs of Utah's children and their healthcare providers, the Utah Immunization Program has expanded vaccine coverage for Utah's children. Beginning January 1, 2002 there will be two new changes that we feel will improve each of these areas.

First, we are pleased to announce that children enrolled in the Children's Health Insurance Program (CHIP) are now eligible to receive vaccines distrib-

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ment was signed

Utah Immunization Program and

the State CHIP

CHIP providers

will receive vac-

cines through the

VFC distribution

Program.

between the

Utah VFC Pro-

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be delivered directly to the providers office and ordered through the Utah Immunization Program as you are currently doing for the VFC eligible children. All ACIP recommended vaccines are available for CHIP and VFC children.

system for all CHIP eligible

children. The vaccines will



Providers are encouraged to contract with CHIP insurance plans to bill for reimbursement of administration fees.

Second, it is no longer necessary to refer underinsured children to a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) to receive Pneumococcal Conjugate (PCV7) vaccine. The Utah VFC Program will supply Prevnar to all of our VFC providers to immunize the under-insured children in their office. Under-insured is defined as: those children whose health insurance benefit plan does not include vaccinations or does not cover specific antigens. If vaccinations are included as a covered service by the insurance plan, including those plans that have deductibles and/or coverage caps, these children are considered insured and do not meet the criteria for under-insured.

New forms have been sent to VFC providers reflecting these changes. If you have any questions about these changes please contact the Utah Immunization Program at (801) 538-9450. €

Update on Vaccine Information Statements

By Rebecca Ward Education/Outreach Specialist Utah Immunization Program

AS new vaccines are developed and added to the Recommended Childhood Immunization Schedule, the need for communicating the benefits and risks of vaccines becomes even more challenging. One of the best ways to do that is through the Vaccine Information Statements (VIS's). In fact, it's the law. All immunization providers are required under the National Childhood Vaccine Injury Act (NCVIA) to provide copies of the most current VIS's prior to administration of each dose of the vaccine covered by this Act.

Vaccines covered by the National Childhood Injury Act:

Tetanus Measles Mumps Rubella Pertussis Diphtheria Varicella Polio Hepatitis B

Haemophilus influenzae type B Pneumococcal conjugate

The NCVIA requires providers to supplement the VIS's with "visual presentations" or oral "explanations" as needed. If patients are unable to read the VIS's, it is up to the provider to ensure that they have that information. VIS's can be read to these patients, or videotapes can be used as supplements.

To ensure that you have the most current VIS's in your clinic, please refer to the list below. If you have outdated copies, please discard them and use only those with the appropriate dates. If you do not have current copies of the VIS's, you can download them from the National Immunization Program (NIP) website at www.cdc.gov/nip or contact the Utah Immunization Program at (801) 538-9450.

Current VIS issue dates (as of September 2001) for vaccines covered under the NCVIA:

 DTaP (includes DT):
 07/30/01

 Td:
 06/10/94

 MMR:
 12/16/98

 Polio:
 01/01/00

 Hib:
 12/16/98

 Hepatitis B:
 07/11/01

 Varicella:
 12/16/98

 Pneumococcal Conjugate:
 07/09/01

Note: If there is not a VIS for a combination vaccine (e.g., hepatitis A/hepatitis B), use the appropriate VIS's for all relevant vaccines indicated.

VIS's are also available for vaccines not covered by the NCVIA. These VIS's must be used when the vaccine given has been purchased under the CDC contract.

VIS issue dates (as of September 2001) for vaccines not covered by the National Childhood Vaccine Injury Act:

Influenza (updated annually):	4/24/01
Hepatitis A:	8/25/98
Pneumococcal Polysaccharide:	7/29/97
Lyme Disease:	11/1/99
Meningococcal:	3/31/00
Anthrax:	11/6/00

Translations

VIS's are translated into a number of languages by the California and Minnesota immunization programs. Availability of VIS's in languages other than English is evolving, but they should be available in at least these languages:

Arabic	Farsi	Japanese	Laotian
Romanian	Spanish	Armenian	Samoan
French	Korean	Russian	Tagalog
Cambodian	German	Tha	Chinese
Portugese	Turkish	Hmong	Punjabi
Serbo-Croatian		Somali	
Croatian (Serbian)		Vietnamese	
Haitian-Creole	,		

Translations can currently be found on two websites: the Minnesota Health Department (www.health.state.mn.us.divs/dpc/adps/translte/htm) and the Immunization Action Coalition (www.immunize.org).

(continued on page 5)

Receive a Free Gift

nswer this easy question on vaccine management and receive a free gift:

What is an Emergency Handling Procedure, and who should be trained on the procedure?

(Hint: Read page 4, Vaccine Do's and Don'ts)

E-mail Linda Jenkins of the Utah VFC Program, at I.JENKINS@doh.state.ut.us with the correct answer and wait for your free gift to arrive in the mail. Please include your name, clinic name and PIN number.

For more information regarding vaccine management and how to protect your vaccine supply contact the Utah Immunization Program at (801) 538-9450. *



Mark Your Calendars!

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National Infant Immunization Week

April 14.20

36th National Immunization Conference April 29 – May 2

Denver, CO

Location: Adam's Mark Denver Hotel in Denver, Colorado

http://www.cdc.gov/nip/NIC/default.htm

(For additional information on the conference, go to this web site)

National Public Health Week

April 1–7

CDC Satellite Broadcasts

CANCELLED

Epidemiology and Prevention of

Vaccine-Preventable Diseasess

February-March

Immunizing Your Own Corner of the World

By Caroline E. Green, CHES, BSN **School Nurse Consultant Utah Immunization Program**

July 1, 2002 quickly approaches, Hepatitis A and Varicella will be required for kindergarten

entry. All providers are encouraged to begin vaccinating children who will be entering kindergarten in the fall of 2002. Beginning to recall those children now will assure both doses of Hepatitis A can be given before a child begins kindergarten. However, if a child is able to receive only one dose of Hepatitis A before kindergarten entry, the child will be conditionally admitted into school. To be conditionally admitted, a child must have completed one dose of each required vaccine and be currently on schedule to complete remaining doses. School nurses and officials have the responsibility to follow up with children who are missing doses of any required vaccine to bring them into compliance.

In order to make as many people aware about the new requirements, the Utah Immunization Program has submitted many articles to Utah health associa-

> tion newsletters, including the Utah Medical Association and the Intermountain Pediatric Society. Flyers advertising these new requirements were given to schools and childcare facilities for use in their newsletters and in other communication with parents. While all of this activity can not guarantee every parent and provider knows of these requirements, you can help by immunizing those patients in your corner of the world. By doing this you will know you are making an impact on helping to eliminate many vaccine-preventable diseases.

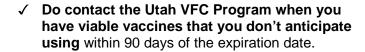
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VACCINE DO'S AND DON'TS

By Linda Jenkins Utah VFC Program Utah Immunization Program

Do's

- ✓ Do keep your refrigerator cold and on at all times. Store vaccines and diluents at proper temperatures. (Refrigerator: 36-46° F / 2-8° C. Freezer: 5° F / -15° C or colder).
- ✓ Do maintain a log of temperature checks. Record twice daily, at the beginning of the day and end of the day.
- ✓ Do train one person and one backup to be responsible for vaccine maintenance.
- ✓ Do post warning notices "DO NOT UNPLUG" near your refrigerator at both the plug and the circuit breaker. Install a locking plug to prevent the power being disconnected.
- ✓ Do provide a source of back-up power and/or a security/alarm system to alert the appropriate personnel in the event of a power outage or mechanical failure.
- ✓ Do establish an "Emergency Handling Procedure" (a plan of action should a storage problem occur). Train all office personnel on the procedure and post the procedure on the refrigerator.
- ✓ Do label vaccines "VFC" and store them in the refrigerator on a separate shelf from your private stock.
- ✓ Do store and rotate vaccines with shorter expiration dates in front of those vaccines with longer expiration dates.
- ✓ **Do conduct monthly inventory counts** to monitor vaccine use, anticipate needs, rotate stock and remove expired vaccines.



✓ Do contact the Utah VFC Program with any storage/handling questions or concerns at (801) 538-9450.

Don'ts

✓ Don't assume that vaccines cannot be salvaged if you have a refrigerator failure or a delivery problem. Immediately record: (1) refrigerator and freezer temperatures, (2) vaccines in question, including lot numbers and expiration dates, and (3) the length of time the temperature was outside of the normal range. With this information documented, contact each manufacturer for instructions and notify the Utah VFC Program with the results.

Aventis-Pasteur, Inc 1-800-822-2463 Bayer 1-800-288-8371 GlaxoSmithKline (SmithKline Beecham) 1-888-825-5249 Merck & Co., Inc. 1-800-672-6372 Wyeth-Lederle 1-800-572-8221

- ✓ Don't return viable vaccines to the Utah VFC Program that can be transferred to another VFC provider. Contact the Utah VFC Program for assistance at (801) 538-9450.
- ✓ **Don't discard expired or spoiled VFC vaccines**. Return them to the Utah VFC Program along with a Vaccine Return Form. The program will be responsible for the return of expired/nonviable vaccines to the manufacturer for excise tax credit.
- ✓ Don't store food/beverage in the refrigerator or vaccine in the refrigerator door.
- ✓ Don't hesitate to call the Utah VFC program for guidance with vaccine management at (801) 538-9450. ❖

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IHC Nurses Recognized

By Martee Hawkins, RN Perinatal Hepatitis B Coordinator Utah Immunization Program

he Every Child by Two Taskforce recently recognized three infection control nurses during a meeting held at the Governor's Mansion.

First Lady Jacalyn Leavitt recognized Carrie Taylor, Rouett Abouzelof, and Vickie Anderson for their willingness and enthusiasm in developing and implementing new strategies to increase perinatal hepatitis B awareness.

All pregnant women should routinely be tested for Hepatitis B surface antigen (HBsAg) and reported to state Perinatal Hepatitis B Prevention Project. Screening allows for prevention of Hepatitis B infection in the infant and treatment of the mother.

After a recent hospital audit, these nurses realized that there was a gap in reporting mothers with posi-

(Continued from page 2)

Update on Vaccine Information Statements

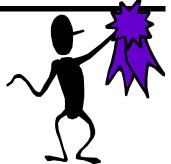
Recordkeeping

In addition to providing VIS's, health care providers must also maintain appropriate documentation in the patient's permanent medical record. The following notations should be indicated:

- 1) The edition date of the materials
- 2) The date these materials were provided
- 3) The name, address and title of the individual who administers the vaccine
- 4) The date of administration
- 5) The vaccine manufacturer and lot number of the vaccine used.

Part of maintaining "best practice" policies includes providing accurate patient education and appropriate documentation. Help your patients become knowledgeable about vaccines – always provide a VIS at the time of <u>each</u> vaccination — <u>prior</u> to administration of the vaccine. *

tive hepatitis B screening results. They worked with their computer support staff at LDS Hospital to develop a method to better identify and report these cases to the state Perinatal Hepatitis B Prevention Project.



Because of their efforts, several babies and their families are now being protected against hepatitis B. *

Thanks to these nurses who really went the extra mile!

Provider Guidebook Now Available

By Caroline E. Green, CHES, BSN School Nurse Consultant Utah Immunization Program

The first edition of the *Utah School and Early Childhood Program Immunization Guidebook 2002* is now available. This guidebook was designed to help health care providers in their efforts to follow the Utah Immunization Rule for Students. The "school rule", as it is commonly called, sets forth the requirements for attendance at any school, childcare facility, and Head Start program.

Health care providers are a crucial link in the chain to ensure children are in compliance with the school rule. It is our hope that the *Immunization Guidebook* will make the school rule clearer, and thus, easier for those who must ensure compliance in the school or childcare setting.

The guidebook may be obtained by calling the Utah Immunization Program at (801) 538-9450. The guidebook will soon be available to download at www.immunize-utah.org. *

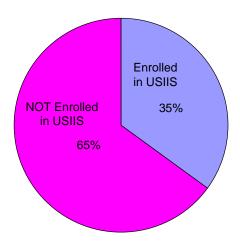
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How Are We Doing?...You Told Us

By Lisa Frei Utah VFC Program Utah Immunization Program

ou probably remember seeing or filling out a satisfaction survey for the Utah Vaccines for Children (VFC) program that was sent out in August. The survey was sent out to 235 providers and we received 179 surveys, giving us a response rate of 76%. Questions ranged from participation in the Utah Statewide Immunization Information System (USIIS) to ease in understanding the Utah VFC forms.

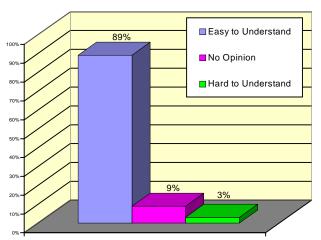
We discovered that 65% of those clinics that answered the survey are not signed up on the USIIS registry (see graph #1).



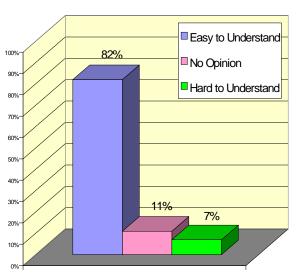
Graph #1: Clinic Participation in USIIS

This immunization registry tracks immunization records statewide and gives you access to all of them. The key is that you have to sign up. It's free to use and actually has the potential to take your clinic to a paperless system. It can also help you reduce the number of phone calls to other providers to obtain an immunization history, as well as helps you manage vaccine inventories. For more information and to enroll, contact a VFC representative at (801) 538-9450.

This survey also covered topics regarding the ease in understanding some of our more important forms. The majority of you agreed that these forms are easy to understand. However, it was clear that the Quarterly Doses Administered Report is the most difficult to understand. (see graphs #2-4).

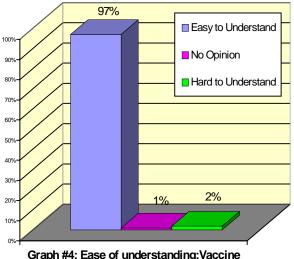


Graph #2: Ease of Understanding: Enrollment Form



Graph #3: Ease of Understanding: Quarterly Doses Administered Report

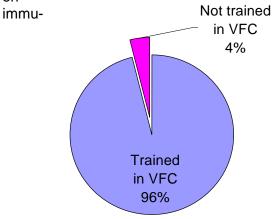
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Graph #4: Ease of understanding:Vaccine
Order Form

To help fix this problem, we are now working to put the Quarterly Doses Administered Report online through USIIS. This is even more reason to sign up. Online reporting through USIIS will have the same format as our current form but you will not have to fill it out by hand. It will be user friendly and accessible to all clinics that are signed up on USIIS. You won't even have to fax in your results, just submit them on your computer. According to our test offices, what took hours to complete the Quarterly Doses Administered Report now takes just seconds!

Another important topic this survey addressed was VFC training. We made a big push to get out to as many clinics as possible last year (see graph #5). Our purpose being to train and provide you with a free immunization assessment. It will provide your clinic with strategies to help increase the percent of children who are up-to-date on their



nizations and give ideas for tracking these immunizations easier.

The majority of you have received training but some of you may have new staff or still want additional training. We are more than willing to come out to your office to discuss the Utah VFC Program and answer any questions, as well as perform an immunization assessment. We are happy to assist you in any way we can.

We applaud your efforts to educate the community about immunizations and keep Utah's children up-to-date. Continue your good efforts and let us know where we can help! Look for this year's survey in July. We appreciated all the responses we received last year. Please contact the Utah VFC Program for more information or to schedule a training for your office at (801) 538-9450.

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P.O. Box 142001 288 North 1460 West Salt Lake City, UT 84114-2001



www.immunize-utah.org

Got Questions?

Our staff is here to help answer your immunization questions. Contact the program representative for your region by calling the Utah Immunization Program at (801) 538-9450.

If you are in this county	Your Immunization Program Representative is:
Box Elder, Cache, Rich	Martee Hawkins
Davis, Summit, Wasatch	Janel Jorgenson
Salt Lake & Tooele	Carlie Shurtliff
Utah, Daggett, Duchesne, Uintah	Lisa Frei
Weber & Morgan	Laura Godwin
Juab, Millard, Sanpete, Sevier, Puite, Wayne	Jan Kilpack
Carbon, Emery, Grand, San Juan, Beaver, Iron, Washington, Garfield, Kane	Felicia Alvarez